

UNITED STATES DISTRICT COURT
for the
Eastern District of Pennsylvania

TODD SCOTT _____)
Plaintiff(s) _____)
v. _____) Civil Action No. 2:12-cv-04241
EASTON-BELL SPORTS, LLC _____)
Defendant(s) _____)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

*EASTON-BELL SPORTS, LLC
152 WEST 57TH STREET
NEW YORK, NY 10019*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

MICKEY WASHINGTON
5020 MONTROSE BLVD., SUITE 77006
HOUSTON, TX 77006

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 1/14/2014

Todd Scott

Signature of Clerk or Deputy Clerk

Civil Action No. 12-4241

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Easton-Bell Sports LLC
 was received by me on *(date)* 2/17/14.

I personally served the summons on the individual at *(place)* _____
 on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
 , a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: Delivered by Certified Mail at 152 West 57th
 St New York Ny 10019 on 2/17/14

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 2/17/14

Susan Wnytys
Server's signature
Susan Wnytys Process Server
Printed name and title

356 Williamsport St League City Tx 77573
Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION																	
COMPLETE THIS SECTION ON DELIVERY																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; padding: 2px;">A. Signature</td> <td style="width: 150px; padding: 2px;"></td> <td style="width: 10px; padding: 2px;"><input type="checkbox"/> Agent</td> <td style="width: 10px; padding: 2px;"><input type="checkbox"/> Addressee</td> </tr> <tr> <td style="padding: 2px;">B. Received by (Printed Name)</td> <td style="padding: 2px; text-align: center;">C. Date of Delivery</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">J. Brian Baloyan</td> <td style="padding: 2px; text-align: center;">2/17/14</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="4" style="padding: 2px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</td> </tr> </table>		A. Signature		<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery			J. Brian Baloyan	2/17/14			D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:			
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J. Brian Baloyan	2/17/14																
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:																	
1. Article Addressed to:	Easton - Bell Sports Inc Easton - Bell Sports 152 West 57th St New York NY 10019																
2. Article	2011 2970 0000 3543 8266 <small>(Transferred from another rate)</small>	3. Service Type	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.														
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes																
PS Form 3811, February 2004		Domestic Return Receipt															
(Transferred from another rate)		S-251															
102995-02-M-1540																	